



KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

COMMONWEALTH OF KENTUCKY
2545 Lawrenceburg Road, Frankfort KY 40601
Phone: (502) 564-8963 Fax: (502) 564-4687



APPLICATION FOR TEMPORARY PARAMEDIC LICENSE

Fill in all Blanks that Apply:

Social Security Number: _____ Birth Date: _____ Sex (M/F) _____

Name: _____
(Last Name) (First Name) (Middle Name) (Maiden name(s))

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Email address: _____

Years of Education: _____ High School Diploma _____ GED Certificate _____
(Please attach a copy of Diploma or GED Certificate)

Other Education: _____

Office Use Only:

Check# _____
M.O.# _____
Amount \$ _____
Date Cert. _____
Cert. # _____
Exp. Date _____

Course Information:

1. Name of the Sponsoring Agency conducting the paramedic training course you attended and the city in which it was held:

2. Name and Phone Number of Paramedic Course Coordinator: _____

Phone Number (_____) _____

3. Name and Phone Number of Lead Instructor (if different from above): _____

Phone Number (_____) _____

Employment Information:

Name of Company Employed by: _____ Contact Person _____

Street _____ City _____ State _____ Zip Code _____

Work Phone Number: _____ Fax Number: _____

Type of Business: _____ Average Hours Worked Per Week: _____

Describe your duties: _____

1. Are you presently certified as an EMT by the Commonwealth of Kentucky? ☐ Yes ☐ No
(If "Yes", attach a photocopy of your Kentucky EMT Card.)
2. Have you completed an American Heart Association ACLS course within the past two years? ☐ Yes ☐ No
(If "yes", please attach a photocopy of your ACLS card (front & back of the card)).
3. Have you ever been or are you now certified/registered as an EMT or its equivalent in another state? ☐ Yes ☐ No
If "Yes", List state(s) _____ and attach a photocopy of each state(s)
certification/registration..

4. Have you ever been or are you presently certified/registered as an EMT-Paramedic or its equivalent in another state? ☐ Yes ☐ No

List state(s) _____ and attach a photocopy of each state(s) certification/registration.

All questions on this application must be answered. Failure to respond to these questions, this application shall be returned to you as incomplete:

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No _____ Yes _____
2. Have you ever been convicted of a misdemeanor or DUI? No _____ Yes _____
(If yes, please provide a written explanation and a certified copy of court records).
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No _____ Yes _____
(If yes, please provide a written explanation).
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No _____ Yes _____
5. Have you ever been in default on any school loans? No _____ Yes _____
(If yes, please provide a written explanation).
6. Have you at any time had your certification(s) or registration(s) as a First Responder, EMT or paramedic or its equivalent, been restricted, revoked, denied, suspended or expired? No _____ Yes _____
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of a first responder? No _____ Yes _____
8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accomodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a first responder? No _____ Yes _____
9. If you marked yes on any of the above questions, have you reported this to the KBEMS office? No _____ Yes _____

AFFIDAVIT OF APPLICANT

I hereby state that the information contained in the first two pages of this application is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky Law the submission of any false, fraudulent or forged statement, document of other matter in connection with this application is grounds for criminal prosecution and denial of certification and subjects me to the full range of disciplinary action. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application. I authorize the Board or its agents to obtain from other sources any information necessary for determining my qualifications for certification. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice as a paramedic to any person, institution, association, school, hospital or government entity.

Signature of Applicant

County of _____)
) ss.
 State of _____)

Subscribed and sworn before me on this _____ day of _____, _____

Signature of Notary

My commission expires: _____